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13. ABSTRACT (Maximum 200) The purpose of this project is to develop methods to encourage earlier detection of breast cancer in rural African-Americans. Our focus is on cultural and psychosocial beliefs which contribute to patient delay in seeking treatment for the symptoms of breast cancer A documentary video and other educational materials are being developed which will be utilized in several aspects of the intervention. The components of the intervention include a health conference, media campaign, community educational programs, and information provided to younger patients to share with their older female relatives. The pre-intervention census survey of the two counties is almost complete and the instrument for the pre-intervention interviews has been developed. Once it is pre-tested, the data collection will begin. This will be followed by the intervention on the experimental county which is scheduled to begin in early 1998.				
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FOREWORD

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Donald R. Lammie 9/29/97
PI - Signature Date

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Introduction:

The goal of this project is to develop methods to encourage earlier detection of breast cancer in rural African-Americans. Our previous research has indicated two reasons for late stage breast cancer presentation in this population: 1) lack of breast screening including clinical breast exam and mammography, and 2) patient delay due to cultural and psychosocial beliefs.

The current research seeks to ascertain when these beliefs are formed and test whether they can be modified. Through an extensive educational intervention, we will determine if changing these beliefs increases rates of screening behavior and decreases delay in seeking medical care for breast symptoms.

Body:

The experimental design involves community-wide, in depth surveys of women ages 19 and over in two similar counties, Pitt and Wilson. These interviews will be performed before and after the educational intervention which will be conducted only in the experimental county, Pitt County.

There are four components of the intervention: 1) a conference on minority health issues for the local community, 2) a media campaign, 3) educational programs in churches, schools, and businesses, and 4) an intervention with younger women during their Ob-Gyn appointments counseling them to take information to their older female relatives. Each of these components is in the developmental stage at this time.

In preparation for the intervention, we have produced a documentary video featuring several patients from the East Carolina University (ECU) Breast Clinic. These patients were followed during their diagnosis and treatment procedures and filmed in their homes and at their churches. They freely discussed their fears, beliefs, and concerns related to barriers in breast cancer treatment. The video will be utilized in several aspects of the intervention including the health conference, educational programs, and media campaign.

We have expanded the theoretical framework to include the Health Belief Model as discussed by Rosenstock (1). The basic assumption of this model which has been applied to cancer screening behavior is that the individual is susceptible to external influence such that one's perception of susceptibility to and severity of (perceived threat of disease), in this case, breast cancer, is influenced by demographic and psychosocial variables (2). It follows that cues to preventive actions develop from mass media, advice from family and friends, and previous experience of illness affecting family and friends (3). Individual health choices to follow recommended preventive health action (e.g., screening) are determined by the perceived benefits of that action minus its perceived barriers (including financial, time and information factors). Under this model, individuals choose those actions where the perceived benefits are greater than the perceived barriers (3).

The intervention will provide the external cues to action in the mass media campaign, advice from younger relatives, and information from educational programs. The goal is to increase breast cancer screening behaviors and knowledge by amplifying the perceived benefits and reducing the perceived barriers through education.

In the first year, several tasks in the Statement of Work have been accomplished. Regarding Task 1, the project manager and health educator have been hired and the Advisory Board has been assembled. Several meetings of the Advisory Board have lead to formulation of strategies which should be effective in reaching this community.

The second task, conducting the pre-intervention survey, is well underway. Twenty interviewers have been recruited and trained. The household survey to determine the sampling frame is almost complete and data for approximately 1700 women have been entered into the computer, cleaned, and verified. These data will then be used to select the experimental and control populations who will be interviewed. The interviewers will come from the pool of census surveyors and will receive additional training for this particular questionnaire.

The instrument has been developed and is in the process of being pre-tested and revised (attached in appendix). One time-saving factor involves using the Teleform software for developing our survey instrument. This is labor-intensive to format and has slowed development of the instrument. However it has the distinct advantage of being readily scanned into the computer and immediately translated into SPSS and, in the long run, will speed data analysis. Once the instrument has been pre-tested, final revisions will be made, and the pre-intervention data will be collected.

The educational materials are being developed as in Task 3. As mentioned earlier, the breast cancer video has been produced and will be used along with other educational materials for the intervention. The educational pamphlets for use in Ob-Gyn offices and advertisements for mass media are under development and will be tested and revised over the next several months.

The intervention itself (Task 4) is scheduled to begin in early 1998. With the current reliable and motivated pool of interviewers, the pre-intervention data collection should proceed expeditiously so the intervention can begin immediately upon its completion. Plans are being formulated for the conference on minority health issues for medical and community leaders which will serve as the "kick-off" for the intervention. Once underway, this should proceed without interruption or delay to allow us to approach the proposed time frame.

At this point, problems in accomplishing the proposed tasks have mainly involved personnel. In each county census workers were trained and given assignments. However, for a variety of reasons (e.g., re-location, procurement of full time employment, family illness), surveyors have resigned resulting in delays due to re-assigning the census areas. We have now assembled a dependable staff and few additional changes are expected.

Conclusions:

We hope to reduce breast cancer mortality by preventing avoidable mortality through an educational intervention with the ultimate goal of diagnosing the disease at an earlier, more treatable stage. The aspirations of this study include: 1) developing educational messages about early detection of breast cancer consistent with prevailing cultural beliefs and attitudes and 2) providing awareness of breast cancer symptoms and screening practices in conjunction with culturally sensitive methods encouraging women to utilize available resources for early detection.

If the results of this study indicate psychosocial variables are amenable to change and this is shown to affect screening behavior and ultimately disease stage presentation, it could have a major impact on breast cancer mortality. Both the approach and the findings from this study are applicable to a larger population beyond this region.

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1. I. Rosenstock, Historical Origins of the Health Belief Model, *Health Education Monographs*, **2**, p. 328-335 (1974).
2. I. Rosenstock, in *Health Behavior and Health Education*, K. Glantz, F. Marcus Lewis, and B. Rimer, Eds. (Jossey-Bass, San Francisco, 1990), p. 39-62.
3. J. McKenzie, J. Jurs, *Planning, Implementing and Evaluating Health Promotion Programs: A Primer* (Macmillan, New York, 1993), p. 79-81.

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1) Publications

The Influence of Socioeconomic and Cultural Factors on Racial Differences in Late Stage Presentation of Breast Cancer in Rural North Carolina, submitted.

2) Abstracts

Delay in Seeking Medical Treatment for the Symptoms of Breast Cancer in African-American and White Women, presentation, Society of Clinical Research Associates (SOCRA), Sixth Annual Conference, September, 1997, Colorado Springs.

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APPENDIX



Subject ID#

Interview Date

--	--	--

Interviewer

Last Name (same as on census forms)

First Name

[illegible][illegible]**Mailing Address:**

Street Address (if different):

Social Security #

-

-

1. Is there a particular place that you usually go to if you want to see someone about your health?
☐ Yes ☐ No (SKIP to #3) ☐ S.C. (don't know)
2. What kind of place do you usually go to? Is it a doctor's office, a hospital, a clinic, or some other place?
{INTER: don't read choices. Probe for the one place they go most often, the usual place}
☐ Doctor's office (either one-person practice or group)
☐ Hospital emergency room
☐ Hospital walk-in or outpatient clinic
☐ Private clinic, not part of medical school
☐ Medical school clinic
☐ Public health department clinic
☐ Community (rural, neighborhood) health center
☐ Military facility
☐ Other (write R's exact words) _____
☐ Don't go to only one place
3. Do you have a doctor that you think of as your own doctor? One that you see for most of your health needs?
☐ Yes ☐ No (SKIP to 9) ☐ S.C. (don't see an MD) (SKIP to 9)
4. What type of doctor is he/she? {INTER: Hand R. Card #1. Fill in correct circle below}
☐ a family doctor
☐ a general internist
☐ an OB/GYN
☐ a specialist
☐ or some other type of doctor
☐ S.C. (don't know) (SKIP to #9)
5. Is your doctor a man or a woman? ☐ Man ☐ Woman ☐ S.C. (don't see the same doctor each time)
6. Would you mind telling me his/her name (or the name of the practice)?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7. When was the last time that you went to see this doctor?
☐ 6mos-1yr ☐ 1yr-2yrs ☐ 2yr-5yrs ☐ 5yrs or more

8. When you last visited this doctor, did he/she do any of the following things?

- | | | | |
|---|---------------------------|--------------------------|--------------------------------|
| -- talk with you about your risk of breast cancer | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- examine your breasts for knots or lumps | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- ask you whether you examine your own breasts for lumps/knots | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- show you how to examine your own breasts for lumps/knots | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- show you a breast model | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- talk with you about mammography | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- recommend that you get a mammogram | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- actually make an appointment or give you a referral for a mammogram | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- ask if your mother or grandmother had breast cancer | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- give you any written information, like a pamphlet, on breast cancer, breast self-exam or mammography | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- ask you to share information with your older female relatives | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |

{INTER: If R. said her regular doctor was an OB/GYN and answered the above questions about her OB/GYN, then SKIP to #14}

9. Do you see an ob/gynecologist?

- ☐ Yes, regularly
☐ Yes, sometimes
☐ No, I did in the past, but not now **(SKIP to 14)**
☐ No, never **(SKIP to 14)**

10. Is your gynecologist a man or a woman?

- ☐ Woman ☐ Man ☐ (S.C. don't see the same doctor each time)

11. Would you mind telling me his/her name? (Or the name of the practice)

[illegible]

12. When was the last time that you went to see this doctor?

- ☐ Within the past six months ☐ Within the past year ☐ Within the past two years ☐ Within the past five years

13. When you last visited this doctor, did he/she do any of the following things?

- | | | | |
|---|---------------------------|--------------------------|--------------------------------|
| -- talk with you about your risk of breast cancer | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- examine your breasts for knots or lumps | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- ask you whether you examine your own breasts for lumps/knots | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- show you how to examine your own breasts for lumps/knots | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- show you a breast model | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- talk with you about mammography | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- recommend that you get a mammogram | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- actually make an appointment or give you a referral for a mammogram | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- ask if your mother or grandmother had breast cancer | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- give you any written information, like a pamphlet, on breast cancer, breast self-exam or mammography | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |
| -- ask you to share information with your older female relatives | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Not sure |

14. Have you ever visited with any of the following types of health care providers or been to any of the following centers or programs for health care?

{INTER: fill in circles for all the R. Mentions}

- | | |
|---|--|
| <input type="radio"/> Chiropractor | <input type="radio"/> Root doctor |
| <input type="radio"/> Accupuncturist | <input type="radio"/> Biofeedback center |
| <input type="radio"/> Herbalist | <input type="radio"/> Fortune teller or psychic |
| <input type="radio"/> Health food store | <input type="radio"/> Self-help group |
| <input type="radio"/> Massage therapist | <input type="radio"/> Commercial weight loss program |
| <input type="radio"/> Homeopath | <input type="radio"/> Hypnotist |
| <input type="radio"/> Religious healer | |

Now, let's talk about your attitude about your own health.

15. Some people go to the doctor right away, whenever they're worried about their health. Others put off going even when they have a serious problem. Do you usually:

- ☐ go to the doctor as soon as you think something is wrong
- ☐ wait a while and try taking care of the problem yourself
- ☐ wait a while and do nothing to see if it will go away
- ☐ or do you usually not go to the doctor at all
- ☐ (S.C. depends on the type of problem)

Perceived Risk. Now let's talk about how worried you are about your risk for developing breast cancer.

16. Do you think it is likely or unlikely that you will get breast cancer in your lifetime?

- ☐ Very unlikely ☐ Somewhat unlikely ☐ Somewhat likely ☐ Very likely ☐ Don't know

17. Compared to most women your age, what do you think the chances are that you will get breast cancer someday? Do you think your chances are:

- ☐ Much lower ☐ Somewhat lower ☐ Somewhat higher ☐ Much higher ☐ Don't know

18. Overall, how worried are you about the chance that you might get breast cancer someday. Would you say that you are:

- ☐ Not worried at all ☐ Somewhat worried ☐ Very worried ☐ Don't know

19. Can you tell me how old you were when you had your first menstrual period? Were you:

- ☐ younger than 12 ☐ age 12-13 ☐ age 14 or older

20. Have you given birth to any children (count only children born alive):

- ☐ Yes ☐ No **(SKIP to 23)**

21. Can you tell me how old you were when you had your first live birth (count only your first child born alive):

- ☐ Younger than 20 ☐ Between 20 and 24 years old ☐ Between 25-29 years old ☐ 30 years or older

22. Has any doctor ever told you that you had a lump or tumor in your breast?

{INTER: If R. says that she thinks she has one now, be sure at the end of the interview to recommend that she sees a doctor/nurse}

- ☐ Yes ☐ No ☐ (S.C. not sure)

23. Have you ever had a breast biopsy?

- ☐ Yes ☐ No **(SKIP to 27)** ☐ (S.C. not sure)

24. How many breast biopsies have you had?

25. Did any of them turn out to be cancer?

☐ Yes ☐ No (SKIP to 27) ☐ (S.C. not sure)

26. Thank you for answering my questions up to now. Some of them may have been a bit hard for you. Would you be willing to tell me a bit more about how your breast cancer was first found and about any doctor or hospital visits you had after?

Family History. Now I would like to ask you a few questions about any of your blood relatives who have had an actual diagnosis of breast cancer. Remember, we are talking about your blood relatives only and not people who are adoptive relatives or who are related to you only by marriage.

27. How many of your blood relatives have had breast cancer?

Mother ☐ Yes ☐ No ☐ Don't know

Sister(s) ☐ Yes ☐ No ☐ Don't know # positive

Daughter(s) ☐ Yes ☐ No ☐ Don't know # positive

Grandmothers ☐ Yes ☐ No ☐ Don't know # positive

Aunts ☐ Yes ☐ No ☐ Don't know # positive

Cousins ☐ Yes ☐ No ☐ Don't know # positive

28. Risk Factors. Women believe that different things increase their risk of getting breast cancer. Please tell me whether you think these are always, sometimes, or never risks for developing breast cancer.

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
Would getting your period early, say before age 12, increase a woman's chances of getting breast cancer? Would you say always, sometimes or never?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would eating a high fat diet increase a woman's chances of getting breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about drinking more than 2 alcoholic drinks a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about having breast implants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about having a family history of breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about smoking regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about getting a bump or a bruise on the breast. Would you say that would always, sometimes, or never increase a woman's chance of getting breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about drinking a lot of caffeinated beverages?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>
How about waiting to have children until you are over age 30?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about taking birth control pills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about breastfeeding your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about going through menopause late in life, after age 55. Would you say that would always, sometimes or never increase a woman's chance of getting breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about excessive fondling of the breasts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about having fibrocystic disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about being older than age 50. Would you say that always, sometimes or never increases a woman's chance of developing breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about never having had any children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How about having had cancer before. Would you say that would always, sometimes or never increase a woman's chance of getting breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Screening. Now let's talk about the things that you may have done to protect yourself against breast cancer.

29. Has a doctor or other medical professional ever shown you how to examine your breasts for knots or lumps?

☐ Yes ☐ No ☐ Not sure

30. Have you ever felt your own breasts in the way a doctor or nurse does to check for knots or lumps?

☐ Yes ☐ No **(SKIP to 31)** ☐ Not sure

IF YES, about how often do you check your own breasts? Would you say:

- ☐ Every day
- ☐ Several times a week
- ☐ Several times a month
- ☐ Once a month
- ☐ A few times a year
- ☐ Almost never

(SKIP to 32)

31. Why don't you check your own breasts? Is it because:

(INTER: fill in all that apply)

- ☐ You don't know how
- ☐ You are embarrassed to do it
- ☐ You're not really worried about knots or lumps
- ☐ You don't think you would be able to feel a lump if there was one
- ☐ You would rather not know if there is a problem
- ☐ You lack privacy to do it regularly
- ☐ You are too young to start doing it now
- ☐ You are too old to have to worry about that now
- ☐ You forget

32. A mammogram is a picture of the breast tissue made by compressing the breast while the picture, a type of x-ray, is taken. --have you ever heard of a mammogram?

☐ Yes ☐ No ☐ (S.C. Not sure)

33. Have you ever had a mammogram?

☐ Yes (SKIP to 35) ☐ No ☐ (S.C. Not sure)

34. Why do you think that you haven't had one? (Record R's exact words--then skip to 40)

35. When was your last mammogram?

☐ Wast it more than three years ago ☐ Within the past three years ☐ Within the past two years ☐ Within the past year

36. What was the main reason why you decided to have your last mammogram. Was it because:

- ☐ Your doctor or nurse recommended it
- ☐ You thought you might have a breast problem
- ☐ You were worried about your chances of getting breast cancer
- ☐ It is recommended for women of your age to have one
- ☐ Someone other than your doctor or nurse encouraged you to do it
- ☐ Saw a program on TV
- ☐ Heard a talk at church or club
- ☐ Younger relative encouraged me to do it

37. Have you ever had a mammogram that showed that something was wrong with your breasts?

☐ Yes ☐ No (SKIP to 40)

38. Did you have a biopsy of your breast to find out what was wrong on the mammogram?

☐ Yes ☐ No

39. Have you ever had any problem with your breasts that you put off seeing a doctor or nurse about?

☐ No ☐ Yes IF YES, can you tell me more about the problem and what you did?

BREAST CANCER OPINIONS.

40. Now I would like to ask you some questions about what you know or have heard about breast cancer. There are no right or wrong answers. I am interested in what your opinion is about whether these statements are true or false.

	<u>True</u>	<u>False</u>	<u>Don't know</u>
Breast cancer is the most common type of cancer in women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If untreated, breast cancer may spread to other parts of the body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mastectomy is removing the breast where cancer is found.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rate at which breast cancers grow is pretty much the same for everyone who gets breast cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About 1 out of every 8 women in the U.S. will develop breast cancer at some point in her lifetime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You can catch cancer from other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumpectomy is a type of surgery for breast cancer in which the cancer itself but not the whole breast is removed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
African-Americans with breast cancer face more than twice the risk of dying from the disease when compared with white Americans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemotherapy is the use of drugs to kill cancerous cells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer tends to run in families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman finds a knot or lump, it is better to do nothing because by then it will be too late.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than half of the patients treated by radiation or chemotherapy <u>never</u> experience nausea or vomiting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A cancer in the breast that is not treated can lead to death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most women who get breast cancer lose their breasts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a breast cancer is operated on, it can be stopped from getting any bigger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a mass in the breast is not as serious as finding a knot or lump.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men can also develop breast cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As long as a knot or lump doesn't hurt, then it is not cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The National Cancer Institute recommends that women ages 50 and over have a mammogram every year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women with many risk factors are certain to get cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A breast cancer is very curable if it is found early.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some women have a greater chance of getting breast cancer than others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman who has breast cancer will never again lead a normal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman finds a knot or lump, the worst that can happen is surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BREAST LUMP ACTIONS. We are trying to find out what women would do if they found a lump or knot in their breasts. Different women have told us that they would do these things. How likely would you be to do these?

41. Would you:

<u>Action</u>	<u>Very likely</u>	<u>Likely</u>	<u>(S.C. Don't know)</u>	<u>Not likely</u>
a. Wait to see if it becomes painful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Get a mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. See a doctor for a breast exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Wait to see if it gets bigger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Ask a close friend or relative for advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Pray to God about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Watch it every day for a while to see if it changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Ignore it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



1st action _____ 2nd action _____ 3rd action _____

IF YES, what do you most remember about that person and her experiences?
(INTER: Record R's responses exactly)

[illegible]

	<u>Agree</u>	<u>Disagree</u>	<u>Not sure</u>
Most men would not want to know if the woman in their lives developed breast cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with breast cancer is a woman's problem and the man in her life doesn't need to be concerned with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman can't always depend on a man to help her in tough times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men are not as good as women at coping with illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman is more likely to get support from her female relatives when she is sick than from the man in her life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women who have surgery for breast cancer are no longer attractive to men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman has breast cancer, she should tell the man in her life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman has to take risks to get what she wants in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A man should help the woman in his life with all her problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A man would probably not stay with a woman if he knew that she had breast cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one has the right to tell a woman what to do with her body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men are more attracted to women without problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman is more likely to get support from the man in her life when she is sick than from her other female relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RELIGIOSITY. *Many people rely on religion when they are ill. I would like to ask you a few questions about your religious beliefs. Again, there are no right or wrong answers - we are interested in what you think about religion and health.*

46. Do you attend church:

- ☐ On a regular basis ☐ Occasionally ☐ Only for special events or on holidays ☐ No, I don't attend church (**SKIP to 50**)

47. Would you mind telling me the name of the church that you attend and where is it located?

Church Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Church Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Church town

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Church State

--	--

48. How important are your church activities to you?

- ☐ Most important ☐ Very important ☐ Of some importance ☐ Of limited importance ☐ Not important at all

49. Have you ever been to any programs about breast cancer or mammography at your church?

- ☐ Yes ☐ No ☐ Not sure

50. Do you consider yourself to be:

- ☐ Deeply religious
☐ Somewhat religious
☐ Slightly religious
☐ Not at all religious (**SKIP to 52**)
☐ Against religion (**SKIP to 53**)

51. During difficult times, do you rely on your religion: ☐ A great deal ☐ Somewhat ☐ Not very much ☐ Not at all

52. If I were told that I had breast cancer:

Agree

Undecided

Disagree

God would work through the doctors and nurses to make me better.

☐

☐

☐

God would help the medical treatment fight my cancer.

☐

☐

☐

God would help my doctors fight my cancer.

☐

☐

☐

God would guide those treating my cancer.

☐

☐

☐

I would trust more in God to cure my cancer than medical treatment.

☐

☐

☐

Only God, and not medical treatment, would cure my cancer.

☐

☐

☐

I would refuse medical treatment and trust only in God to cure my cancer.

☐

☐

☐

Only a religious miracle could cure my cancer, not medical treatment.

☐

☐

☐

My cancer would be because I had sinned against God.

☐

☐

☐

It would be my responsibility to pray every day that God will cure my cancer.

☐

☐

☐

AgreeUndecidedDisagree

The strength of my own faith in God would determine if my cancer is cured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My prayer alone would do nothing to cure my cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would want my church members to come to the hospital to pray with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My church members praying for me in church would help to cure my cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There would be a special ceremony for me in my church to cure my cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not tell anyone in my church about my cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not think about people in church praying for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BELIEFS ABOUT CANCER.

53. *I just have a few more questions for you. These next items are some of the things different women have told us they believe about cancer. We are interested in your opinions. Please tell us if you strongly agree, agree somewhat, disagree somewhat or strongly disagree with the following statements. Remember, there are no right wrong answers- we just want your opinion.*

	<u>SA</u>	<u>AS</u>	<u>Not Sure</u>	<u>DS</u>	<u>SD</u>
If a cancer is cut open in surgery, it will grow faster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative feelings can cause cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a person has cancer, there is no sense trying to do anything about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who take good care of themselves usually don't get cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person with high blood is more likely to get cancer than a person with normal blood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations weaken the immune system which can lead to cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Luck plays a big part in determining who gets cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is better to die whole than to let a doctor cut on your body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative treatments for cancer work better than medical remedies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If air gets to a cancer during surgery, it will grow faster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer can be caused by dirty blood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors and health professionals are the ones I would trust most to decide how to decide how to treat cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotics weaken the immune system which can lead to cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone can give you cancer by putting a root on you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<u>SA</u>	<u>AS</u>	<u>Not Sure</u>	<u>DS</u>	<u>SD</u>
People get cancer when they are tired and their resistance is down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors can treat the symptoms of cancer but not cure the disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visualizing your body attacking cancer cells can help to cure the disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a person worries about their cancer a lot, it will get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People have spiritual needs and these should be part of the healing process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you keep thinking you have cancer, you will probably get it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal remedies are more effective than medicines against cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors experiment with people by cutting on their cancers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with thin blood are more likely to get cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing works to cure cancer so that it never comes back.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive feelings can help cure cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors and nurses don't know everything that there is to know about treating cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No matter what I do, if I am going to get cancer, I will get it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If air gets in the place where the doctor cuts, then the cancer will kill you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INFORMATION ABOUT BREAST CANCER. *I want to ask you these last few questions about any information you may have heard or seen about breast cancer within the past year. Please tell me yes or no for each of the following.*

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
54. Within the past year, have you:			
Seen a television program on breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read about breast cancer in a magazine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been to a church program on breast cancer or mammography?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seen any local television commercials about breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heard a radio program or announcement about breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been to a program at a club or civic group on breast cancer or mammography?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read about breast cancer or mammography in the local newspaper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been to a program on breast cancer or mammography at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Seen a pamphlet about breast cancer or mammography?

YesNoNot Sure☐☐☐

Seen a video about breast cancer or mammography?

☐☐☐

Participated in any local American Cancer Society activities like
Relay for Life?

☐☐☐

DEMOGRAPHICS: I just have a few final questions to ask you about your background.

55. What is your ethnic background?

☐ African-American ☐ Hispanic ☐ Native American (American Indian) ☐ White ☐ Mixed ☐ Other

Age

DOB

56. What was your age on your last birthday and what is
your date of birth?

 / /

57. How much schooling have you completed?

☐ Did not go to school☐ High school degree/GED☐ Less than 4th grade☐ Some post high school☐ 4th-8th grade☐ College degree☐ Some high school☐ Graduate degree

58. Are you presently enrolled in school?

☐ Yes ☐ No, out temporarily☐ No

59. Are you: ☐ Single, never married ☐ Married? ☐ Separated? ☐ Divorced? ☐ Widowed?

If married, for how many years?

60. Who lives with you now?

☐ No one, lives alone☐ Brother(s)☐ Husband/male companion☐ Son(s)☐ Mother/stepmother☐ Daughter(s)☐ Father/stepfather☐ Other(s)☐ Sister(s)

61. Including yourself, how many people live in your household?

62. How many years have you lived in this community?

63. Have you ever lived anywhere other than eastern NC?

☐ No ☐ Yes

If Yes, where did you live the longest?

For how many years?

(City, Town)

(State)

64. Do you have a telephone? ☐ Yes ☐ No

If Yes, what is the number?

() -

If No, is there a number where you can be reached?

() -

DEMOGRAPHICS--EMPLOYMENT/INSURANCE STATUS: I just have a few more questions to ask you. These are about your employment status and the resources you have available to pay for medical treatments. This information will help us know what kinds of services people in our community need.

65. At this time are you: ☐ working for pay full time [SKIP next question]
☐ working for pay part-time [SKIP next question]
☐ self-employed [SKIP next question]
☐ not working for pay
66. Are you: ☐ retired from paid employment
☐ laid off from a job temporarily
☐ unemployed with disability
☐ unemployed but don't have disability
☐ a student
☐ or have you ALWAYS been a homemaker and not worked for pay [SKIP next question]
67. What is/was your job called?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HEALTH INSURANCE, OTHER BENEFITS

68. What kind of health insurance do you have? Is it:
[Interviewer, show card #6; If two types of insurance are mentioned, fill in both. Fill in all that apply.]
- ☐ Insurance through a private company like Blue Cross
☐ Medicare
☐ The VA or CHAMPUS
☐ Medicaid
☐ An HMO or managed care plan
☐ Don't know [SKIP next question]
☐ Don't have any type of health insurance [SKIP next question]
69. Did you have health insurance last year for: ☐ the whole year ☐ or part of the year ☐ not sure
70. Was there any time during the past year that you could not afford to get the medical care that you needed? ☐ Yes ☐ No

FAMILY INCOME

71. Please look at this card. {INTER: Hand R. Card #7.} Tell me the number that comes closest to your total family income last year. I mean the total for all the people who lived in your home last year, before taxes. Be sure to count all types of money, from wages and salaries of all family members, Social Security, retirement or unemployment benefits, help from relatives and so on. Let me remind you that this information, like all your answers, will be kept completely private.

- ☐ under \$5,000
- ☐ between \$5,000 and 7,999
- ☐ between \$8,000 and 11,999
- ☐ between \$12,000 and 15,999
- ☐ between \$16,000 and 24,999
- ☐ between \$25,000 and 49,999
- ☐ over \$50,000
- ☐ don't know

72. How many people did this income support last year? # of people supported

--	--

73. About how much do you, yourself, actually get each month, after taxes and deductions are taken out? Please tell me the number on this card that comes closest to that amount. {INTER: Hand R. Card #8}

- ☐ up to \$50 ☐ \$801 to \$1,000
- ☐ \$51 to \$100 ☐ \$1,001 to \$2,000
- ☐ \$101 to \$200 ☐ \$2,001 to \$3,000
- ☐ \$201 to \$300 ☐ over \$3,000
- ☐ \$301 to \$500 ☐ don't know
- ☐ \$501 to \$800

[illegible]

2. **contact lastname**

contact firstname

contact address

contact city **contact state** **contact zip code** -

contact telephone number () -

Thank you so much for taking time to talk with me today. Those are all the questions I have for you. Is there anything you would like to ask me about this project?

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